

**NEWTON PARKS AND RECREATION DEPARTMENT
 OUTDOOR ADVENTURE FOR GRADES 2 - 6
 July 2-12, July 16-27, July 30- August 10, 2012**

Name _____ School _____ Grade _____ DOB _____
 Address _____ City _____ Zip _____
 Parent/Guardian _____ Phone _____
 Parent/Guardian _____ Phone _____
 Emergency Contact _____ Phone _____
 Physician _____ Phone _____
 Medical Insurance _____ Policy # _____

Eye Color _____ Hair Color _____ Gender _____
 Height _____ Weight _____ Identifying Marks _____
 Any serious illness or hospitalization _____
 Medications currently taking _____
 Allergies(asthma, medication, etc) _____
 Other (limitations, health concerns, etc) _____

FEES

Standard Day (9a – 1p)

Session 1: \$270 Session 2: \$300 Session 3: \$300 \$ _____
 July 2-12 (Closed July 4th) July 16-27 July 30 – Aug 10

Extended Day (1p – 3p) - \$14.00 per day x _____ days \$ _____

Please check the days you want your child to stay late below:

Week 1: ___M ___T ___W ___Th ___Fri

Week 2: ___M ___T ___W ___Th ___Fri

TOTAL \$ _____

Confirmations will be sent closer to the start of the program. Please return this form (filled out front and back) with your payment made payable to the City of Newton to:

Newton Parks and Recreation
 Outdoor Adventure
 124 Vernon Street
 Newton, MA 02458

Newton Parks and Recreation Department - Outdoor Adventure Medical Release Form

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child_____. However, if I cannot be reached, I hereby authorize the Outdoor Adventure Program to transport my child to the Newton Wellesley Hospital, or _____ Hospital via Emergency Vehicle, and to secure for my child the necessary medical treatment. I understand that designated staff members at the Outdoor Adventure Program are trained in the basics of First Aid and Cardio-Pulmonary Resuscitation, and I authorize them to administer immediate First Aid to my child when appropriate.

Signature of Parent(s)/Guardian(s)

Date

Parental Consent Release Form Liability and Indemnity For Participation In The Newton Parks And Recreation Department’s Outdoor Adventure Program

I/We, the undersigned father and mother, or guardian(s) of _____, a minor, do hereby consent to his/her participation in, and field trips with the Outdoor Adventure Program. I/WE forever RELEASE, acquit, discharge and covenant to hold harmless the City of Newton, a municipal corporation of the Commonwealth of Massachusetts, and its successors, departments, officers, employees, servants and agents, of and from any and all actions, causes of actions, claims, demands, damages, costs, loss of services, expenses and compensation on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damages which I/WE may now or hereafter have as the parent(s) or guardian(s) of said minor, and also all claims or rights of actions or damages which said minor has or hereafter may acquire, either before or after his/her participation in, and field trips with, the Outdoor Adventure Program. FURTHERMORE, I/WE hereby agree to protect the City of Newton and its successors, departments, officers, employees, servants and agents against any and all claims for damages, compensation or otherwise on the part of said minor growing out of or resulting from injury to said minor in connection with his/her participation in, and field trips with, the said Outdoor Adventure Program and to INDEMNIFY, reimburse or make good to the City of Newton or its successors, departments, officers, employees, servants and agents any loss or damage or cost, including attorney’s fees, the City of Newton or its representatives may have to pay if any litigations arise from said minor’s participation in and field trips with, the said Outdoor Adventure Program.

Signature of Parent(s)/Guardian(s)

Relationship

Date

Witness

THIS FORM MAY NOT BE ALTERED

Outdoor Adventure - PHOTO RELEASE

I/WE, the parent(s) or guardian(s) of _____ do hereby grant permission for pictures to be taken of my child for the purpose of publicity for the Outdoor Adventure Program. I understand that photo’s may be published in local papers, on the website, or in future brochures for the Newton Parks and Recreation Department and the Outdoor Adventure Program.

Signature of Parent(s)/Guardian(s)

Date